

____ A certified copy of a _____ application.

X Declaration and Power of Attorney (unsigned)

CLAIMS AS FILED

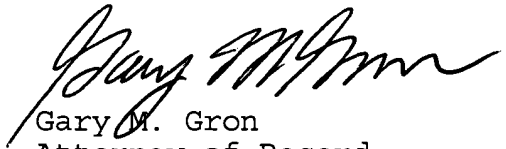
(1)	(2)	(3)	(4)	(5)
FOR	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE
				\$750.00
TOTAL CLAIMS	<u>8</u>	0	0	\$750.00
INDEPENDENT CLAIMS	<u>1</u>	0	0	0
ASSIGNMENT	NA	NA	NA	\$ 40.00
			<u>TOTAL FILING FEE</u>	<u>\$750.00</u>

____ Please charge my Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.

____ The Commissioner is hereby authorized to charge any additional fee which may be required, or credit any overpayment to Account No. _____. A duplicate copy of this sheet is enclosed.

____ A check in the amount of _____ to cover the filing fee is enclosed.

By:


Gary M. Gron
Attorney of Record

Columbus, Indiana
(812) 377-3554
July 7, 2003
Our File No.: EEA-029